BNSSG ICB Primary Care Committee Meeting

Minutes of the Meeting Held on 23rd July 2024

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Present		
Alison Moon (*Chair*)	Chair of Committee, Non-Executive Member – Primary Care	AM
Georgie Bigg	Healthwatch Bristol, North Somerset and South Gloucestershire	GB
Katrina Boutin	GP Collaborative Board Representative	KB
Jenny Bowker	Deputy Director of Performance Delivery, Primary Care and Children's Services, BNSSG ICB	JB
Richard Brown	Chief Officer, Avon Local Pharmaceutical Committee	RB
Jamie Denton	Head of Finance, Primary, Community & Non-Acute Services, BNSSG ICB	JD
Ellen Donovan	Independent Non-Executive Member, BNSSG ICB	ED
Jeff Farrar	Chair of the BNSSG ICB & Independent Non-Executive Member	JF
David Jarrett	Chief Delivery Officer, BNSSG ICB	DJ
Matthew Jerreat	Clinical Chair of the Southwest Local Dental Network	MJ
Matt Lenny	Director of Public Health, North Somerset Council	ML
Joanne Medhurst	Chief Medical Officer, BNSSG ICB	JM
Susie McMullen	Head of Contracts: Children's, Community and Primary Care, BNSSG ICB	SMc
Ruth Povey	Service Improvement Project Manager BNSSG ICB - for item 6	RP
Sarah Purdy	Partner Non-Executive Member, North Bristol NHS Trust	SP
Rosi Shepherd	Chief Nursing Officer, BNSSG ICB	RS
George Schofield	Avon Local Dental Committee Secretary	GS
Apologies		
Katie Handford	Models of Care Development Lead, BNSSG ICB	KH
Nikki Holmes	Head of Primary Care, Southwest, NHS England, and Improvement	NH
John Hopcroft	Avon Local Optical Committee	JH
Geeta Iyer	Deputy Chief Medical Officer, BNSSG ICB	GI
David Moss	Locality Director – North Somerset, BNSSG ICB	DM
Shaba Nabi	Chair, Avon Local Medical Committee	SN
Sarah Truelove	Chief Financial Officer and Deputy Chief Executive, BNSSG ICB	ST
In Attendance		
Holly Hardy	Training Hub Clinical Lead, BNSSG ICB – for Item 11	HH
Bev Haworth	Deputy Head of Primary Care Development, BNSSG ICB	BH
Linda Ruse	Training Hub Programme Manager, BNSSG ICB – for Item 11	LR

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Sukyna Powell (Notes)	Business Manager, BNSSG ICB	SP

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1	**Welcome and Apologies** Alison Moon (AM) welcomed everyone to the Committee. Apologies are noted as above. AM observed there was no NHSE commissioning hub representative present.	
2	**Declarations of Interest** There were no new declarations of interest, and no existing declarations of interest relating to agenda items at the meeting today.	
3	**Minutes of the previous meeting held on 21st May 2024** The minutes from the meeting on 21st May 2024 were agreed to be an accurate record of the meeting. These minutes have been approved.	
4	**Review of Action Log** The Committee reviewed the action log: (*Please refer to the action log for full details*)	
5	**Primary Care Risk Register & Strategic Risks** Dave Jarrett (DJ) pulled out the key highlights in terms of the risk register and strategic risks:- **Risk PCC 48** around commissioning hub support - DJ and Shane Devlin had met with Jonathan Hickman (CEO Somerset ICB) and Steve Sylvester (NHS England – Southwest) and agreed to escalate our concern around capacity and support from the commissioning hub. It has been agreed that a regional oversight board will be established to oversee resourcing and prioritisation of the hub. There will be a refresh of the MoU of the arrangement with the commissioning hub which will provide more clarity around what we can expect from the commissioning hub with assurance and oversight. This should mitigate associated risks. GP Collective Action ➢ **Risk PCC 62** – Collective Action - Jenny Bowker (JB) outlined the emerging high-risk situation due to GP collective action, set to begin on August 1st, if the ballot supported it. The action includes nine proposed actions and measures, such as limiting daily patient contacts (25 per day), stopping engagement with E-Referrals, and ceasing data-sharing agreements, which could significantly impact the healthcare system. 1. Planning and Mitigation Efforts: The ICB has initiated a system-wide planning group and a cross-functional team to identify risks and develop mitigation strategies. There is also a focus on financial planning, despite uncertainty around cost reimbursements. 2. System-Wide Response: Joe Medhurst (JM) emphasised the need for a coordinated response across different healthcare providers to manage patient care effectively, especially during the GP collective action. Lessons from recent system outages are being used to inform these strategies. 3. Long-Term Implications: There is an acknowledgment that some changes might need to be permanent, beyond the immediate crisis, to improve system efficiency and support for general practice. 4. National Guidance and Local Response: Beverly Haworth (BH) reported that a national letter and toolkit are guiding the ICB's actions, including a self-assessment	

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	template to identify common risks. Ongoing collaborative efforts and communication strategies are being developed to manage the situation effectively. 5. There is a role of community pharmacists in this, and the need to ensure people are clear on the NHS app, linking in for repeat prescriptions. 6. BH advised the difference from the acute's perspective is they use ESR system, so they can rota plan, which has more flexibility, and this also gives visibility of live workforce data - we do not have this level of information for general practice. The discussion concluded with reflections on the potential long-term benefits of the current crisis in driving systemic improvements and better integration between primary and secondary care. JB updated that the LMC is very clear if the collective action ceases, there are still some areas they will be keen to have discussions about, particularly around voluntary services. The LMC have already encouraged practices to give notice on some specific areas in relation to those. This is a local risk to understand we need to be working towards. Ellen Donovan (ED) thanked JB, JM & BH for their updates and confirmed there is a lot of assurance contained within this with significant planning in place. Sarah Purdy (SP) wanted to reinforce the final catalyst, which is for us to look at how we offer care across the system, and to support primary care. SP is keen to be part of those discussions with colleagues in acute also. **Conclusion** AM thanked everyone for their input into the agenda item. It was noted that the Collective Action item may need to go to an Extra-ordinary ICB Board meeting on 5th August 2024 but will be going to the ICB Board on 5th September for a further update. **The Primary Care Committee received and discussed the Primary Care Risk Register & Strategic Risks, and discussed the GP Collective Action, noting the advice this item will go to the ICB Board.**	
6	**Primary Care Assurance Framework** JB presented an update on the Primary Care Assurance Framework, which is an annual self-assessment covering General Medical Services, as well as Pharmacy, Optometry, and Dental Services. The Framework is designed to ensure compliance with mandated guidance and to assess service provision, planning, contracting, and contractor compliance and performance. This framework focuses on how the ICB is managing its responsibilities rather than assessing the quality of services provided. JB highlighted the self-assessment outcomes, noting that while many areas were rated positively (green), there were significant concerns in the dental sector, where four domains were rated red. These issues include lack of oversight on waiting lists, insufficient contract monitoring, delays in mid-year review action plans, and inadequate workforce data collection. These red ratings indicate that the ICB could not provide full assurance in these areas due to gaps in data, resources, and oversight processes. AM welcomed and thanked Ruth Povey, for the work she had undertaken within the Primary Care Assurance Framework. The Committee discussed these concerns, emphasising the need for better contract monitoring to address these issues. The lack of capacity in the commissioning hub was	

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	noted as a significant barrier and there was a call for additional support to ensure improvements in these areas. The discussion also highlighted the importance of recruiting a clinical lead for dental services to provide better oversight and support. DJ acknowledged this would be discussed by the Team, and capacity has been a factor in taking this forward. The Committee supported the submission of the self-assessment and stressed the need for ongoing monitoring and resource allocation to address the identified gaps, particularly in the dental services area. There was also an agreement to further discuss these issues at a regional level to seek broader solutions across the Southwest. The Committee understood the constraints faced by the ICB in funding dental services, the need for proactive oversight, and the importance of adapting to potential future changes in the national contract. JB provided further assurance and advised conversations will continue at the Southwest PCOG meeting, to understand any differences between the ICB self-assessments and any commonalities, which will continue following submission of the return. The Primary Care Committee are asked to endorse the presentation of the Primary Care Assurance Framework to the ICB Board in the Autumn, following submission to NHSEI. **The Primary Care Committee received the briefing on the Primary Care Assurance Framework and the approach to completing this. The Primary Care Committee endorsed the self-assessment for return to NHSE.**	
7	**Primary Care Operational Group (PCOG) Report - A** DJ provided an update on the decisions made at the June and July 2024 PCOG meetings. **Key Highlights included:-** June PCOG Meeting The PCOG have discussed refreshing their Terms of Reference (ToR) and ways of working which would be complemented by a review of PCC ToR. The Committee discussed the need for a review of Committee effectiveness and alignment with other ICB Committees, with plans to revisit this in the Autumn. July PCOG Meeting – Strategic Development Funding - BH and the team have been in liaison with the General Practice Collaboration Board (GPCB0, to reach agreement for where the specific funding is allocated, to support the transformation in primary care. Service development funding is being allocated to support: • Fellows & Mentors Scheme • Practice Nursing Funding • Primary care network OD • Further support for the access, resilience & quality programme • Digital workstreams • Recruitment and retention initiatives July Extraordinary Dental PCOG Meeting 1. Units of Dental Activity (UDA) Rebasing: The ICB decided on a £30 uplift per UDA, with varied implementation options depending on a practice's current NHS	

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	contract performance. Practices delivering less than 50% of their contract will undergo an in-depth review to assess their viability with proposals for rebasing contracts to deliverable levels. Practices performing at high levels will be invited to increase their contracts at enhanced rates. This latter element of increasing contracts will be a temporary measure as the ICB anticipates potential national changes to the dental contract with the incoming government. 2. Challenges and Concerns: George Schofield (GS) , argued that the £30 UDA is insufficient to attract dental professionals and maintain sustainable NHS dental services, suggesting a £35 minimum would be more effective. However, the ICB lacks the funds to raise the UDA further and see full contract delivery at these rates. 3. Proactive Monitoring: The ICB aims to shift towards more proactive and supportive monitoring of dental practices to improve contract delivery and service provision. AM confirmed that the PCC noted the decisions made at PCOG. **The Primary Care Committee received and discussed the PCOG report.**	
8	**PCC Committee Effectiveness Review** This was discussed in item 7 and it was agreed would come back to the Committee at a later date, as part of a broader approach to review Committee effectiveness.	
9	**Contracts & Performance of Primary Medical Services Report** Susie McMullen (SMc) provided a brief update to the Committee this month and advised the main focus of the work, which was being discussed in the closed session of Primary Care Committee today, namely the Graham Road, Horizon Health & Charlotte Keel procurement. Several key points included. 1. **Clinical Waste Contracts**: These contracts were previously managed by NHS England (NHSE), including a procurement for the contracts, which ended 31st March 2024. In December 2023, the ICB were advised NHSE would no longer be running the procurements process. The ICB have extended the contracts until March 2025. The ICB is considering a joint procurement process with the CSU, together with other regional colleagues, working in partnership. 2. **Reduced capacity in the Primary Care Contracts Team**: The contracts team has reduced capacity and roles within the team due to the recent ICB restructure. This reduction has led to a more reactive approach in their work. The team is also dealing with a vacancy that has remained unfilled since January 2024 which has added to the workload. **Committee Acknowledgement**: AM acknowledged the capacity issues and suggested that the Committee could support the development of any priorities by the team. SMc emphasised that the team remains focused on essential tasks, including the ongoing procurement. **Delayed Discussion on Pharmacy, Optometry, and Dental Services**: The Committee noted the absence of a representative from the Southwest Commissioning Hub to discuss these services, indicating ongoing challenges in getting specific and actionable reports for the ICB. To note, DJ has already escalated this concern to the hub this morning.	

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	The Primary Care Committee received and noted the key decisions and information from the Contracts & Performance Primary Medical Services Report.	
10	**Primary Care Finance Report** Jamie Denton (JD) provided a finance update for Month 2 highlighting ongoing financial challenges, the measures being taken to manage risks, and maintaining financial stability in the face of limited resources. The following key points were raised: 1. **Limited Reporting**: The financial report for the second month is limited due to a lack of substantial transactions, making it challenging to report meaningful variances. Currently, there are no significant deviations from the budget plan. 2. **No Contingency Budget**: There is no contingency budget for general practice, meaning any cost pressures will require mitigation to maintain a balanced financial position. 3. **APMS Contracts**: These contracts, which typically come with higher costs than core contracts, could add financial pressure. 4. **Section 96 Applications**: There is a risk of receiving Section 96 applications, which may lead to discretionary payments. If this occurs, further financial adjustments will be needed to balance the budget. 5. **POD Services**: The expected contractual underperformance this year could lead to a £13 million clawback. Efforts are being made to improve dental service activity and reduce this potential financial impact. 6. **Debt Management**: The ICB inherited a debt position from NHS England. While it is not currently expected to result in significant bad debt, this will continue to be monitored. 7. **Local Enhanced Services (LES) Contracts:** Concerns were raised about the insufficient uplift (0.6%) applied to LES contracts, which does not cover the increasing costs of service provision, potentially leading to practices opting out of these services. This issue may be revisited if sign-up rates drop. 8. **Risk Management:** The absence of a contingency budget is a concern, but the ICB has retained reserves to offset potential financial pressures in general practice, avoiding the imposition of savings targets in this area. Katrina Boutin (KB) mentioned the core contract for general practice, which has not been inflated sufficiently to recognise cost of living increases. This, in conjunction with the LES inflation rise has been raised by practices as an issue, therefore some practices have not signed up to the LES Contract. JD advised the ICB have applied the national approach to the uplift to the LES, which applies both an inflationary uplift and an efficiency target across all contracts. SMc advised that sign up to LES is being monitored and risks to this will be reported to the Committee through future contract reports. **The Primary Care Committee:** • **Noted the summary financial plan for all primary care services.** • **Noted the key risks and mitigations to delivering the financial plan and support these reports.**	

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11	**Training Hub Update** Linda Ruse (LR) and Holly Hardy (HH) from the BNSSG Training Hub, presented the Training Hub's strategic focus, operational challenges, and financial management. Slides were shared and LR referenced these with the Committee members. <u>Key Points Included:</u> 1. Strategic Focus and Challenges: - The 2024-2025 strategy aligns with the long-term workforce plan, addressing key challenges such as funding, estate issues, and retention. - The Training Hub's contract ending in March 2025, faces uncertainty regarding renewal. - Strategic goals include mental health parity, support for children and young people, and improving workplace culture. 2. Training Hub Operations: - The hub is hosted by the People Directorate, focusing on workforce supply, productivity, and retention. - Efforts are being made to enhance educator and supervisor capacity, maximize apprenticeships and placements, and support long-term workforce planning. 3. Financial Management: - The hub has a robust fiscal management model, ensuring efficient use of funds, particularly for the newly qualified GP programme. - Collaboration with finance teams has led to effective budget tracking and management. 4. Newly Qualified GP Programme: - Despite the abrupt halt of national funding, the hub has secured local funding for a scaled-down programme. - The programme offers CPD support, mentoring, and peer support groups, focusing on retaining newly qualified GPs. 5. Governance and Reporting: - The hub maintains up-to-date governance, fiscal, and reporting requirements. - Regular regional updates, management meetings, and strategic planning are in place. 6. Collaboration and Integration: - Emphasis on working collaboratively with various directorates and external partners. - Future plans may include expanding the training hub's scope to cover all primary care disciplines. - Training Hub (TH) governance requires us to provide 6 monthly Assurance reports to Regional NHSE, together with x 3 Oversight Boards per annum (which Jo Hicks chairs). TH outcomes, successes and learnings are shared via this governance, and wider as needed. To note, GPs from other areas coming to BNSSG, as a result of our Newly Qualified GP offer, was anecdotal, at the point of the Primary Care Committee (PCC) meeting. Should this be borne out, it will be shared via our governance as indicated. <u>Questions and Comments:</u> • Richard Brown (RB) highlighted the importance of including community pharmacy in the training hub's scope, advocating for a primary care-wide focus. • Matthew Jerreat (MJ) suggested integrating dental training and apprenticeships within the hub, emphasising the need for a dental lead in BNSSG. • ED suggested to consider this as an agenda item for the People Committee for read across. • Jo Hicks and Alison have agreed that the TH will conduct a high-level evaluation (via a Survey) in Q4 24/25 based on the 22-25 three year TH contract, and to inform the future +1 25-26 contract. • Committee also encouraged support to POD services in future iteration.	

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	Conclusion: The BNSSG Training Hub is well-managed demonstrating good governance and financially sound, with a strong focus on strategic goals and collaboration. However, there are challenges regarding contract renewal and future funding, which need addressing to ensure continued support for newly qualified GPs and potential expansion to other primary care areas. AM thanked the BNSSG ICB Training Hub colleagues for the update. and on behalf of committee members, thanked Sharon and Holly for all their work. **The Primary Care Committee received and noted the Training Hub Update.**	
12	**Key Messages for the ICB Board** AM highlighted four key messages during her summary: 1. **Collective Action:** Assurance received on the system wide structured approach to planning, through the EPRR process. . 2. **Primary Care Assurance Framework:** Assurance received on the process by which the self-assessment has been completed and endorsement to submission to NHSE. 3. **Dental Hub:** Continued and escalated risk to ICB Board 4. **Training Hub:** Evidence of good work underpinned by sound governance. Continued funding needing clarity, evaluation of service to date expansion to POD encouraged.	
	Part B minutes to be taken in closed ICB Board	
13	**Primary Care Operational Group (PCOG) Minutes 11th June 2024** **The Primary Care Committee received the PCOG minutes for information.**	
14	**Any Other Business** There was no AOB to note.	
	Date of Next Meeting Tuesday 24th September 2024 –Via MS Teams	

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